

FLEET LICENSE APPLICATION
FLEET VEHICLE INSPECTIONS AND FACILITY EVALUATION
AE-5 REV. 8-2000



STATE OF CONNECTICUT
DEPARTMENT OF MOTOR VEHICLES
FLEET EMISSIONS INSPECTION PROGRAM

- INSTRUCTIONS:**
1. A separate application is required for each testing location.
 2. The applicant must maintain a separate emissions analyzer for each testing location.
 3. Please print clearly or type. Use additional sheets of paper if necessary.
 4. Return completed application to the address below.

TO: Department of Motor Vehicles, Auto Emissions Division, Rowland Government Center, 55 West Main Street, Waterbury, CT 06702-2004.

BUSINESS NAME	TELEPHONE NUMBER
BUSINESS ADDRESS	

MAILING ADDRESS (If different from business address)	FLEET MANAGER (or contact person at facility)
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TYPE OF OWNERSHIP

☐ **INDIVIDUAL**
 ☐ **PARTNERSHIP**
 ☐ **CORPORATION**
 ☐ **OTHER** (Specify)

ADDRESS OF INSPECTION FACILITY FOR WHICH LICENSE IS REQUESTED (Use separate application for each location)	TELEPHONE NUMBER
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NAMES AND ADDRESSES OF OWNERS OR PRINCIPAL OFFICERS. If applicant firm is owned by individual or partnership, enter data below for all owners. If owned by a corporation, enter data for principal officers.

NAME	TITLE (Owner, Officer, Partner)	HOME ADDRESS

FLEET DATA	Total number of vehicles in fleet subject to Auto Emissions requirements (CGS 14-146c)		How many are owned?	How many are leased?	
	Do you intend to conduct emissions testing at more than one location? <input type="checkbox"/> YES <input type="checkbox"/> NO		Are qualified testers available? If yes, list below. (See handbook for qualifications). <input type="checkbox"/> YES <input type="checkbox"/> NO		
	NAME(S) OF QUALIFIED EMISSIONS TESTER(S)		Describe type of training received, where, by whom or other qualifications.		
TEST AND DIAGNOSTIC EQUIPMENT (Exhaust Gas Analyser)					
MAKE:		MODEL:			

CERTIFICATION	I hereby certify that I will continuously maintain the required number of vehicles and the accredited equipment at an approved location with qualified personnel necessary to make the required measurements in accordance with procedures prescribed by the Commissioner of Motor Vehicles.		
	SIGNED (Owner, Partner, or Authorized Officer)	TITLE	DATE SIGNED
	X		

DO NOT WRITE BELOW THIS LINE				
DMV USE ONLY	DATE INSPECTED	BY	DATE RE-INSPECTED	BY
		X		X
	I have established that the applicant owns or leases 25 or more vehicles subject to the emissions testing requirement. I have ascertained by inspection that the applicant has the required test equipment present and in good operating condition. I have established that the applicant has a staff properly trained to conduct emissions inspections and properly operate and maintain the emissions analyzer. I have ascertained by inspection that the applicant has a facility that is adequate for conducting emissions tests in all weather conditions.			
	SIGNED (DMV INSPECTOR)	DATE SIGNED	REVIEWED BY	FLEET LICENSE NO. ISSUED
	X		X	
REMARKS				